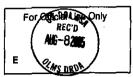
U.S. Department of Labor Chice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	O Final Van Coursed Frame
1. File Number U -	2. Fiscal Year Covered From:
5239	Through: / / / / / / / / / / / / / / / / / / /
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Same	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Maria Company of the Company of	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street St	NOTHING TO ROOM
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

igned Paul M. Henderson On Date Telephone Number

erson Filing	File Number U-	
sid an interest in or derived income or economic benefit with monetary value from a business (1) a destantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business an employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise tealing with your labor organization or with a trust in which your labor organization is interested.		
3. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street City State ZIP Code + 4 HOTHING PROT	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money		
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
rade Name, if any: P.O. Box, Bldg., Room No., if any		
treet Street		
tate ZIP Code + 4		
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. MOTH WIL TO PERORT	